

# GEORGIA HIGHLANDS COLLEGE

(Please Print Clearly)

Name \_\_\_\_\_ Male/Female (circle one)

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ EMAIL \_\_\_\_\_

**Register for either skiing or snowboarding, NOT BOTH.**

**SKIER LEVEL:** B1 B2 I1 I2 A1 A2  
(circle one)

**SNOWBOARDERS ONLY**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Shoe Size \_\_\_\_\_

Rider Level: L1 L2 L3 L4 L5 L6  
(circle one)

Stance: (circle one) GOOFY REGULAR

Equipment: (circle one) Needed Not Needed

Program Format: (circle one) PHED 1420 PHED 1421  
*Beginning Intermediate*

Housing: (circle one) Needed Not Needed

<b><u>Check One</u></b>	
Single Room(1 person)	---
Own housing	___

I, the undersigned individual, understand that there are certain inherent risks and dangers associated with downhill skiing/snowboarding, such as falls or other snow skiing/snowboarding mishaps which could result in permanent impairment or death. Understanding that there are such risks and dangers, I hereby freely and voluntarily waive any claim I might have against the French-Swiss Ski College, the ski area, sponsors, officials or the employees thereof because of personal injury and/or property damage arising out of my participation in the downhill skiing/snowboarding class offered by said School, as long as said injury and/or property damage is attributable to the inherent risks and dangers described above (whether or not said risks or dangers are specifically known to me) or arises out of travel to or from Appalachian Ski Mtn. or other location of said class. This Agreement shall be binding on me and any others claiming under or through me or on my behalf.

All liability for injury or damage not waived by this document shall be governed by the North Carolina Tort Claims Act (G.S. 143-291 et seq.).

**IMPORTANT:** I have read and understand the foregoing document and hereby signify my acceptance of its terms.

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SIGNATURE ABOVE:

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WITNESS:

Date: \_\_\_\_\_

# Georgia Highlands College

## Ski Trip Policies

1. Due to the inherent risk involved in travel and adventure sports such as snow skiing or snowboarding, alcoholic beverages and other mind-altering substances are not allowed during transportation or on the ski slopes. Alcohol or drugs may NOT be used during any instructional activity of Georgia Highlands College. The ski and snowboard program is an instructional activity of the college.
2. Smoking is not allowed in the ski lodge or on the ski slopes. Tobacco use is prohibited for Georgia Highlands College's instructional activities. The trip coordinator is requesting non-smoking rooms in our motel, so off slope tobacco use must be in compliance with the motel's policies. Also, note that tobacco use is prohibited at Appalachian Ski Mountain.
3. If a participant voluntarily leaves the group, that participant will assume responsibility for him/herself, and will assume full financial responsibility for housing, transportation, meals, or other necessities.
4. I acknowledge that I am solely responsible for any medical costs arising out of bodily injury or property damage sustained through my participation in such voluntary recreational activities. In this regard, I certify that I am covered by a 24-hour health insurance policy. *I understand that Georgia Highlands College does not have health or accident insurance coverage for me.*
5. Due to the type of programming and reservation system required, we must adhere to a strict no refund. I therefore understand that if I withdraw from the trip I will not receive any refund.
6. I understand that adventure sports such as snow skiing and snowboarding have inherent physical risk. I further understand that physical injury could prevent me from completing the full credit requirements of this course. If this should happen, I understand that my assigned grade for the course will be "W".
7. I understand that the primary purpose of the ski/snowboard trip is to support skill and knowledge development in these winter sports through the credit course, PHED 1420. Regarding this end, I understand that the ski/snowboard coordinator will revoke my participation in said activity, including loss of motel and ski/snowboard privileges, if I have not been compliant with the goals and objectives of the activity.

**My signature indicates that I have read, understand, and agree to adhere to the policies above.**

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GEORGIA HIGHLANDS COLLEGE  
NOTICE TO ALL PERSONS PARTICIPATING IN ATHLETIC OR RECREATIONAL ACTIVITIES  
ASSUMPTION OF HIGH RISK AND INSURANCE CERTIFICATION  
(READ CAREFULLY BEFORE SIGNING)

Many recreational and athletic programs involve substantial risks of bodily injury, property damage, and other damages associated with participation in such activities. Dangers related to such activities include but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, and heat exhaustion.

Each participant in such activities should realize that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training.

The undersigned acknowledges that Georgia Highlands College does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, or individual participant in any athletic or recreational activity. All participants in voluntary recreational activities and athletic programs will be required to sign the Release, Waiver of Liability and Covenant Not to Sue Form.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary athletic or recreational activities. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy.

I have received a copy of this Notice, which I have read and understand. I accept and assume all risks, hazards, and dangers involved in any such activities in which I may elect to participate, including the training, preparation for the travel to and from the site of such activities.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Phone Number

RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE  
(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in athletic programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of Georgia Highlands College allowing the undersigned to participate in voluntary recreational programs or athletic activities and in connection therewith, making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the institution, the undersigned participant does hereby waive liability, release and forever discharge the Institution and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of and from any and all claims, demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such recreational programs and athletic activities.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in recreational programs or athletic activities.

I understand that the acceptance of this release, waiver of liability and covenant not to sue the Institution or the Board of Regents of the University System of Georgia or any agent or employee thereof, shall not constitute a waiver, in whole or in part of sovereign or official immunity by said Board, its members, officers, agents and employees.

\_\_\_\_ I am 18 years of age or older

\_\_\_\_ I am under the age of 18- parent signature required

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Parent signature